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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Eastern District of Virginia

| In re | Theresa Henderson Brown | | Case No | 14-33859 | | |
|-------|-------------------------|--------|---------|----------|---|--|
| - | | Debtor | | | | |
| | | | Chapter | | 7 | |
| | | | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 7,990.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 7,965.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 2 | | 117,304.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 1,850.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 2,730.00 |
| Total Number of Sheets of ALL Schedu | ıles | 15 | | | |
| | T | otal Assets | 7,990.00 | | |
| | | | Total Liabilities | 125,269.00 | |

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Eastern District of Virginia

| In re | Theresa Henderson Brown | | Case No | 14-33859 | | |
|-------|-------------------------|----|---------|----------|---|--|
| - | Debt | or | ., | | | |
| | | | Chapter | | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 1,850.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 2,730.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 2,526.00 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 5,925.00 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 117,304.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 123,229.00 |

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B6A (Official Form 6A) (12/07)

| In re | Theresa Henderson Brown | | Case No | 14-33859 | |
|-------|-------------------------|--------|---------|----------|--|
| _ | | Debtor | | | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Chesterfield, VA 23832
-Value taken from most recent tax assessment (\$205,700)

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

⁻Debtor is on the deed but not on the loan (\$265,000 owed)

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B6B (Official Form 6B) (12/07)

| In re | Theresa Henderson Brown | | Case | No | 14-33859 | |
|-------|-------------------------|--------|------|----|----------|--|
| | | , | | | | |
| | | Debtor | | | | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 1. | Cash on hand | X | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | USAA -Checking: \$50.00 -Savings: \$20.00 | - | 70.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | | Household furniture: 3 bedroom sets, dining table and chairs, family room set and two televisions, one laptop -Joint with husband | - | 1,500.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. | Wearing apparel. | | Women's clothing | - | 400.00 |
| 7. | Furs and jewelry. | | Wedding jewelry | - | 5,000.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Х | | | |
| 10. | Annuities. Itemize and name each issuer. | X | | | |
| | | | | G 1 TF 4 | 1. 0.70.00 |
| | | | (Total | Sub-Total of this page) | al > 6,970.00 |

2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Theresa Henderson Brown | C | Case No | 14-33859 |
|-------|-------------------------|--------------|---------|----------|
| | | , | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | Х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | х | | | |
| | | | _ | Sub-Tota | al > 0.00 |
| | | | (| Total of this page) | |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Theresa Henderson Brown | Case No 14-33 8 | 59 |
|-------|-------------------------|------------------------|----|
| | | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|------|---|------------------|--|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | | 2003 Mazda Tribute (90,000 miles) Value taken from KBB -Cosigner with her sister | - | 1,020.00 |
| | | | 2009 Hyundai Santa Fe (120,000 miles) -Value taken from KBB (fair condition: \$6543.00) -Debtor's name is not on the loan, but approximately \$8000 is owed on the vehicle | - | 0.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |
| | | | (T) . | Sub-Tota | al > 1,020.00 |
| Shor | et 2 of 2 continuation sheets a | ttac1 | | l of this page) Tot | al > 7,990.00 |

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Theresa Henderson Brown | , | Case No | 14-33859 | |
|-------|-------------------------|--------|---------|----------|--|
| - | | Dobtor | | | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|--|
| (Check one box) | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted |
| ☐ 11 U.S.C. §522(b)(2) | with respect to cases commenced on or after the date of adjustment.) |
| 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|---|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, CUSAA -Checking: \$50.00 -Savings: \$20.00 | Certificates of Deposit Va. Code Ann. § 34-4 | 70.00 | 70.00 |
| Household Goods and Furnishings Household furniture: 3 bedroom sets, dining table and chairs, family room set and two televisions, one laptop -Joint with husband | Va. Code Ann. § 34-26(4a) | 1,500.00 | 3,000.00 |
| Wearing Apparel Women's clothing | Va. Code Ann. § 34-26(4) | 400.00 | 400.00 |
| Furs and Jewelry Wedding jewelry | Va. Code Ann. § 34-26(1a) | 5,000.00 | 5,000.00 |

Total: 6,970.00 8,470.00

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B6D (Official Form 6D) (12/07)

| In re | Theresa Henderson Brown | | | Case No. | 14-33859 | |
|-------|-------------------------|--------|----|----------|----------|--|
| - | | Debtor | -, | | | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME | CO | Hu | sband, Wife, Joint, or Community | C | U | D | AMOUNT OF | |
|--|-----------|-------------|--|-----------|--------------|----------|---|---------------------------------|
| AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODE BT OR | H W J | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | Q | S P | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. xxx6307 | | | 2011 | T | T E | | | |
| Santander Consumer PO Box 660633 Dallas, TX 75266-0633 | | - | Automobile 2003 Mazda Tribute (90,000 miles) Value taken from KBB | | | | | |
| | | | -Cosigner with her sister | 4 | | | | |
| Account No. | + | + | Value \$ 2,040.00 | + | - | \vdash | 7,965.00 | 5,925.00 |
| Account No. | | | | | | | | |
| | _ | _ | Value \$ | _ | _ | | | |
| Account No. | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | Value \$ | | | | | |
| 0 continuation sheets attached | • | • | (Total of t | Sub | | | 7,965.00 | 5,925.00 |
| | | | (Report on Summary of So | | Γota dule | | 7,965.00 | 5,925.00 |

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B6E (Official Form 6E) (4/13)

| In re | Theresa Henderson Brown | | Case No. | 14-33859 |
|-------|-------------------------|---------|----------|----------|
| - | | Debtor, | | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to

| priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report th total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sal representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| B6F (Official Fo | rm 6F) (12/07 |
|------------------|---------------|

| In re | Theresa Henderson Brown | | | Case No | 14-33859 | _ |
|-------|-------------------------|--------|----|---------|----------|---|
| | | Debtor | ., | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | С | Нι | sband, Wife, Joint, or Community | C | U | D | |
|--|----------|-------------|---|----------|-------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | | ONTINGEN | L | I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx9617 | | | Opened 9/01/13 Last Active 7/03/14 | ٦× | T E D | | |
| Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899 | | - | Credit Card | | D | | 4,277.00 |
| Account No. | | | 2012 | | | H | · |
| Holly Wortham 1857 Anderson Highway Cumberland, VA 23040 | | - | Judgment | | | | 27,000.00 |
| Account No. xxxxxxxxxxxx2338 Tdrcs/rooms To Go 1000 Macarthur Blvd Mahwah, NJ 07430 | | - | Opened 12/01/13 Last Active 6/30/14 Charge Account | | | | |
| Account No. xxxxxxxxxxx3395 | | | Opened 4/01/14 Last Active 6/13/14 | | - | | 4,764.00 |
| Usaa Savings Bank 10750 Mcdermott San Antonio, TX 78288 | | - | Credit Card | | | | 2,197.00 |
| 1 continuation sheets attached | | | (Total o | Sub | | | 38,238.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Theresa Henderson Brown | | Case No | 14-33859 | |
|-------|-------------------------|--------|---------|----------|--|
| _ | | Debtor | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | | | | _ | | | |
|--|----------|-------|---|------------|--------------|---|--|-----------------|
| CREDITOR'S NAME, | c o | 1 | sband, Wife, Joint, or Community | CO | U N | | | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | E B | A A C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | | δ - - - - - - - - - - - - - - - - - - - | AMOUNT OF CLAIM |
| Account No. xxxxxx9324 | | | Opened 4/01/14 Last Active 6/13/14 |]⊤ | E | | ſ | |
| Wells Fargo Po Box 60510 Los Angeles, CA 90060 | | - | Check Credit Or Line Of Credit | | D | | | 4,316.00 |
| Account No. xxxx xxxxxxxxx xx.: xxxx0152 | \dashv | | 2007 | T | t | t | + | |
| Wells Fargo Bank, NA PO Box 40039 Roanoke, VA 24022-0039 | | | 1857 Anderson Highway, Cumberland, Virginia 23040 | | | | | |
| | | | | | | | | 74,750.00 |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| Account No. | | | | | | | T | |
| | | | | | | | | |
| Sheet no. 1 of 1 sheets attached to Schedule of | | | | | tota | | | 79,066.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | ' | - |
| | | | (Report on Summary of Sc | | Fota dul | |) [| 117,304.00 |

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B6G (Official Form 6G) (12/07)

| In re | Theresa Henderson Brown | | Case No | 14-33859 | |
|-------|-------------------------|--------|---------|----------|--|
| - | | Debtor | | | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 14-33859-KLP Doc 16 Filed 08/19/14 Entered 08/19/14 17:13:17 Desc Main Document Page 13 of 37

B6H (Official Form 6H) (12/07)

| In re | Theresa Henderson Brown | | Case No. | 14-33859 | |
|-------|-------------------------|--------|----------|----------|--|
| _ | | | | | |
| | | Debtor | | | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Adrienne Henderson

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| | in this information to identify your optor 1 Theresa He | | | | | | | | |
|---------------|--|---|---------------------------|------------|-------|--|--------------------------|----------------------|-----------|
| Den | ineresa ne | nderson Brown | | | _ | | | | |
| | otor 2 use, if filing) | | | | _ | | | | |
| Unit | ted States Bankruptcy Court for the | e: <u>EASTERN DISTRICT</u> | OF VIRGINIA | | | | | | |
| Cas (If kn | te number 14-33859 own) | | - | | | Check if this is An amende A supplementation | ed filing ent showing | post-petition | |
| Of | ficial Form B 6I | | | | | MM / DD/ Y | | lowing date. | |
| | chedule I: Your Inc | ome | | | | IVIIVI / DD/ 1 | 111 | | 12/13 |
| spoi | olying correct information. If you use. If you are separated and you has separate sheet to this form. Describe Employment | ur spouse is not filing w On the top of any additi | ith you, do not inclu | ıde infor | matio | on about your sp | ouse. If mo | re space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | 2 or non-fili | ng spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | ☐ Empl | • | | |
| | employers. | Occupation | Unemployed | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? June 20 | 013 | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the o | date you file this form. If | you have nothing to I | report for | any l | ine, write \$0 in the | e space. Inc | lude your no | on-filing |
| - | u or your non-filing spouse have me space, attach a separate sheet to | | ombine the information | on for all | emplo | oyers for that pers | on on the lir | nes below. If | you need |
| | | | | | | For Debtor 1 | For Deb | tor 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add I | ine 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

| Debt | or 1 | Theresa Henderson Brown | _ | Case i | number (<i>if known</i>) | 14-33 | 3859 | |
|------|--------------|---|--------------------|----------|----------------------------|-------------|------------------------|--------|
| | | | | For | Debtor 1 | | Debtor 2 or | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | non- \$ | -filing spouse N/A | |
| | | | | · — | <u> </u> | · — | | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c. 5d. | \$ | 0.00 | \$ | N/A | |
| | 5u. 5e. | Insurance | 5u. 5e. | \$ | 0.00 | \$ \$ | N/A N/A | |
| | 5f. | Domestic support obligations | 5f. | \$— | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$_ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | · : — | | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | - 6. | \$ | 0.00 | \$ | N/A | |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ \$ | N/A | |
| 8. | | all other income regularly received: | • | Ť — | 0.00 | * | 19/6 | |
| 0. | 8a. | Net income from rental property and from operating a business, | | | | | | |
| | | profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ <u> </u> | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | · — | 0.00 | · — | 14// | |
| | | regularly receive | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | 0.0 | ¢. | 0.00 | ¢ | NI/A | |
| | 8d. | settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.00 | \$ | N/A N/A | |
| | 8e. | Social Security | 8e. | φ | 0.00 | φ | N/A | |
| | 8f. | Other government assistance that you regularly receive | 00. | Ψ | 0.00 | Ψ | 19/8 | |
| | 0 | Include cash assistance and the value (if known) of any non-cash assistance | 9 | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | – 8g. | \$— | 0.00 | \$— | N/A | |
| | -9- | Husband's payments of | - 3- | Ť- | 0.00 | · — | 14/1 | |
| | 8h. | Other monthly income. Specify: first/second mortgage | 8h.+ | \$ | 1,850.00 | + \$ | N/A | |
| 9. | Δдд | all other income. Add lines 8a+8b+8c+8d+8e+8f+8q+8h. | 9. | \$ | 1,850.00 | \$ | N/A | |
| ٥. | Auu | an other moonie. Add into our oproof our oproof. | ٥. | | 1,030.00 | Ψ | N/A | |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 1,850.00 + \$ | | N/A = \$ 1,8 | 350.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Φ | | 1,000.00 | | | 750.00 |
| 11 | | e all other regular contributions to the expenses that you list in Schedule | | | | | | |
| | | ide contributions from an unmarried partner, members of your household, your | | dents | , your roommate | s, and | | |
| | | r friends or relatives. | | | | | | |
| | | not include any amounts already included in lines 2-10 or amounts that are not | availat | ole to p | pay expenses list | ted in S | Schedule J. 11. +\$ | 0.00 |
| | Spec | ony. | | | | _ | тъ | 0.00 |
| 12. | Add | the amount in the last column of line 10 to the amount in line 11. The res | sult is t | he cor | nbined monthly i | ncome | ı <u>.</u> | |
| | | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | .EO 00 |
| | appli | ies | | | | | 12. \$ 1,8 | 350.00 |
| | | | | | | | Combined | |
| 12 | Do : | you expect an increase or decrease within the year after you file this form | 2 | | | | monthly inc | come |
| 13. | 5 0 y | No expect an increase of decrease within the year after you life this form | • | | | | | |

Yes. Explain:

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| Fill | in this information to identify y | your case: | | | | |
|------|--|--|--|-------------|------------------------|-------------------------------|
| Deh | otor 1 Theresa He | enderson Brown | | Check | if this is: | |
| Dec | THE ESA TI | enderson brown | | | amended filing | |
| Deb | otor 2 | | | | 0 | g post-petition chapter 13 |
| (Spo | ouse, if filing) | | _ | | penses as of the follo | |
| Uni | ted States Bankruptcy Court for | r the: EASTERN DISTRICT OF VIRG | INIA | N | MM / DD / YYYY | |
| Cas | e number 14-33859 | | | Пл | caparata filing for D | ebtor 2 because Debtor 2 |
| | known) | | | | aintains a separate h | |
| | | | | | | |
| | | | | | | |
| Of | fficial Form B 6J | | | | | |
| Sc | chedule J: Your H | Expenses | | | | 12/13 |
| Be a | as complete and accurate as p | ossible. If two married people are filing | | | | |
| | ormation. If more space is nee known). Answer every questio | eded, attach another sheet to this form. (| On the top of any addition | onal pages, | write your name ai | nd case number |
| | | | | | | |
| Part | 1: Describe Your House Is this a joint case? | ehold | | | | |
| 1. | • | | | | | |
| | No. Go to line 2. | | | | | |
| | Yes. Does Debtor 2 live i | n a separate nousenoid? | | | | |
| | □ No | at file a computa Cabadula I | | | | |
| | ☐ Yes. Debtor 2 mu | st file a separate Schedule J. | | | | |
| 2. | Do you have dependents? | ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. | ☐ Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents' | • | | | | □ No |
| | names. | | - | | | ☐ Yes |
| | | | | | | □ No |
| | | | - | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No □ Yes |
| 3. | Do your expenses include | ■ No | | | | □ 1es |
| | expenses of people other tha | an Dyes | | | | |
| | yourself and your depender | nts? | | | | |
| Part | | ing Monthly Expenses | | | | |
| | | r bankruptcy filing date unless you are | | | | |
| • | enses as of a date after the ba dicable date. | nkruptcy is filed. If this is a supplement | tai <i>Scheaute J</i> , check the | box at the | top of the form and | i iii iii tile |
| | | | | | | |
| | | on-cash government assistance if you kn d it on <i>Schedule I: Your Income</i> (Officia | | | Your exp | enses |
| | | • | , | | | |
| 4. | The rental or home owners and any rent for the ground or | hip expenses for your residence. Include r lot. | first mortgage payments | 4. \$ | | 1,200.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | | s, or renter's insurance | | 4b. \$ | - | 0.00 |
| | | pair, and upkeep expenses | | 4c. \$ | | 0.00 |
| | | tion or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payme | ents for your residence, such as home equ | uity loans | 5. \$ | | 650.00 |

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| services | 6a. 6b. 6c. | \$ | 211.00 41.00 |
|---|---------------------|---|-----------------|
| services | 6b. 6c. | \$ | |
| services | 6b. 6c. | \$ | |
| services | 6c. | · | |
| NEI VICES | | Ф | 70.00 |
| | | \$ | |
| | 6d. | | 0.00 |
| | 7. | \$ | 200.00 |
| | 8. | \$ | 0.00 |
| | 9. | \$ | 0.00 |
| | 10. | \$ | 25.00 |
| | 11. | \$ | 30.00 |
| e. | 12. | \$ | 195.00 |
| as and haalss | 13. | \$ | |
| es, and books | | · . | 0.00 |
| | 14. | \$ | 108.00 |
| led in lines 4 or 20. | | | |
| ed in fines 4 of 20. | 15a. | \$ | 0.00 |
| | 15a. 15b. | · | 0.00 |
| | 150. 15c. | | 0.00 |
| | 15d. | | |
| eluded in lines 4 or 20. | 130. | \$ | 0.00 |
| luded in lines 4 or 20. | 16. | \$ | 0.00 |
| | | — | 0.00 |
| | 17a. | \$ | 0.00 |
| | 17a. 17b. | · | |
| | 176. 17c. | | 0.00 |
| | | | 0.00 |
| | 17d. | \$ | 0.00 |
| hat you did not report as deduc cial Form 6I). | c ted 18. | \$ | 0.00 |
| t live with you. | 10. | \$ | 0.00 |
| inve with you. | 19. | Ψ <u></u> | 0.00 |
| 5 of this form or on Schedule 1: | | o | |
| 5 of this form of on Schedule 1. | 20a. | | 0.00 |
| | 20b. | · - | 0.00 |
| | 20c. | · | 0.00 |
| | 20d. | | |
| | 20a. 20e. | · - | 0.00 |
| | | | 0.00 |
| | 21. | +\$ | 0.00 |
| | 22. | \$ | 2,730.00 |
| | | | |
| | ' | | |
| Schedule I. | 23a. | \$ | 1,850.00 |
| | 23b. | -\$ | 2,730.00 |
| | | - | |
| income. | | | |
| | 23c. | \$ | -880.00 |
| | | income. 23c. swithin the year after you file this form? | 23c. \\$ |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of Virginia

| In re | Theresa Henderson Brown | | | Case No. | 14-33859 |
|-------|--|------------|-----------------------|------------|-------------------|
| | | | Debtor(s) | Chapter | 7 |
| | | | | | |
| | | | | | |
| | DECLARATION C | ONCERN | ING DEBTOR'S SO | CHEDUL | ES |
| | DECLARATION UNDER 1 | DENIALTV (| OF DEDITION BY INDIV | IDIIAI DEI | RTOP |
| | DECLARATION UNDER I | CHALII | OF TERJORT BY INDIV | IDUAL DEI | J T OK |
| | | | | | |
| | | . 7.1 | 1.1. 6 | | |
| | I declare under penalty of perjury the sheets, and that they are true and correct to the sheets. | | | | es, consisting of |
| | | | ,, | | |
| | | | | | |
| Dots | August 10, 2014 | Cianatus | /s/ Theresa Henderson | Brown | |
| Date | August 19, 2014 | Signature | Theresa Henderson Br | | |
| | | | Debtor | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Eastern District of Virginia

| In re | Theresa Henderson Brown | | Case No. | 14-33859 |
|-------|-------------------------|-----------|----------|----------|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$4,056.00 2014 Income YTD

-Unemployment, ending 6/14/14: \$4,056.

\$71,064.00 2013 Income (1040) \$672.00 2012 Income (1040)

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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B7 (Official Form 7) (04/13)

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT

PAID OR

VALUE OF

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> DATES OF PAYMENTS/ **TRANSFERS** TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER In re Minor Child (A.T.B.)

NATURE OF **PROCEEDING** Custody

COURT OR AGENCY AND LOCATION **Chesterfield J& Drive** 7000 Lucy Corr. VIvd Chesterfield, VA 23832 STATUS OR DISPOSITION Ex-wife won custody of minor child

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

White and Associates 9101 Midlothian Turnpike Suite 800 Richmond, VA 23235 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR July 2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$335 filing fee and \$1165 legal
fee, including \$36 credit
counseling, \$35 credit report,
and \$24 Debtor's education

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

E NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18 . Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS EN

BEGINNING AND ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 19, 2014
Signature // St Theresa Henderson Brown
Theresa Henderson Brown
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Eastern District of Virginia

| In re Theresa Henderson Brow | vn | 8 | Case No. | 14-33859 |
|--|--|------------------------------------|----------------------------------|--------------------------------|
| | I | Debtor(s) | Chapter | 7 |
| PART A - Debts secured by pro | | nust be fully con | | |
| Property No. 1 | attach additional pages if nec | essary.) | | |
| Creditor's Name: Santander Consumer | | | | |
| Property will be (check one): | | <u> </u> | | |
| ■ Surrendered | ☐ Retained | | | |
| If retaining the property, I intend to ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | (check at least one):(for example, avo | oid lien using 11 U | U.S.C. § 522(f)). | |
| Property is (check one): | | | | |
| ☐ Claimed as Exempt | | ■ Not claimed | as exempt | |
| PART B - Personal property subject Attach additional pages if necessary Property No. 1 | | columns of Part | B must be complete | d for each unexpired lease. |
| Lessor's Name: -NONE- | Describe Leased Pro | operty: | Lease will be U.S.C. § 365 ☐ YES | Assumed pursuant to 11 (p)(2): |
| I declare under penalty of perjury personal property subject to an u | nexpired lease. | | | estate securing a debt and/or |
| Date August 19, 2014 | | /s/ Theresa Hene Theresa Hender | | |
| | | THE ESA HEHUEL | SOLI DIOWII | |

Debtor

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Form B203

2005 USBC, Eastern District of Virginia

United States Bankruptcy Court Eastern District of Virginia

| In re | Theresa Henderson Brown | Case No. | 14-33859 |
|-------|---|--|--|
| | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION OF ATTORNE | EY FOR DE | BTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the compensation paid to me, for services rendered or to be rendered on behalf of the debtor bankruptcy case is as follows: | | |
| | For legal services, I have agreed to accept | \$ | 1,165.00 |
| | Prior to the filing of this statement I have received | \$ | 1,165.00 |
| | Balance Due | \$ | 0.00 |
| 2. | \$335.00 of the filing fee has been paid. | | |
| 3. | The source of the compensation paid to me was: | | |
| | ■ Debtor \square Other (specify) | | |
| 4. | The source of compensation to be paid to me is: | | |
| | ■ Debtor \square Other (specify) | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless | ss they are memb | ers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who a copy of the agreement, together with a list of the names of the people sharing in the com | | |
| | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the action. Analysis of the debtor's financial situation, and rendering advice to the debtor in determine. Preparation and filing of any petition, schedules, statement of affairs and plan which may concentrate the meeting of creditors and confirmation hearing, and and the other provisions as needed: Negotiations with secured creditors to reduce to market value; exemption preaffirmation agreements and applications as needed; preparation and filing 522(f)(2)(A) for avoidance of liens on household goods. | ning whether to for the required; by adjourned hear blanning; prepared | ile a petition in bankruptcy; rings thereof; aration and filing of |

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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Form B203 - Continued

Date

CERTIFICATION

2005 USBC, Eastern District of Virginia

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| August 19, 2014 Date | /s/ Nnika E. White, Esq. Nnika E. White, Esq. 47012 Signature of Attorney | | |
|--|---|--|--|
| | The Law Office of White & Associates Name of Law Firm 9101 Midlothian Turnpike Suite 800 Richmond, VA 23235 (804) 377-9431 Fax: (804) 377-9434 | | |
| (For all Cases NOTICE TO DEBTO | Phere Fees Requested Not in Excess of \$3,000 Filed on or after 10/17/2005) PR(S) AND STANDING TRUSTEE ERIM PROCEDURE 2016-1(C)(7) | | |
| | aptcy Rule 2016-1(C)(7)(a), you have ten (10) business days from the meeting of to the fees requested in this disclosure of compensation opposing said fees in their | | |
| The undersigned hereby certifies that on this date the | OOF OF SERVICE foregoing Notice was served upon the debtor(s), the standing Chapter 13 Trustee, and Local Bankruptcy Rule 2002-1(D)(1)(f), by first-class mail or electronically. | | |

Signature of Attorney

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B22A (Official Form 22A) (Chapter 7) (04/13)

| In re Theresa Henderson Brown | |
|--|---|
| Debtor(s) Case Number: 14-33859 (If known) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): The presumption arises. |
| | ■ The presumption does not arise. |
| | ☐ The presumption is temporarily inapplicable. |

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

| | Part I. MILITARY AND NON-CONSUMER DEBTORS |
|----|--|
| 1A | Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | □ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. |
| | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | □ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard |
| | a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; |
| | OR |
| | b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. |

| | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7 |) EXCLUSION | |
|---|--|--------------------------|------------------|
| | Marital/filing status. Check the box that applies and complete the balance of this part of this state | ment as directed. | |
| | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. | | |
| | b. Married, not filing jointly, with declaration of separate households. By checking this box, do | | |
| 2 | "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and | | |
| 2 | purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete o for Lines 3-11. | nly column A ("De | btor's Income'') |
| | c. \square Married, not filing jointly, without the declaration of separate households set out in Line 2.b | above. Complete h | ooth Column A |
| | ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. | | |
| | d. \square Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (" | Spouse's Income") | for Lines 3-11. |
| | All figures must reflect average monthly income received from all sources, derived during the six | Column A | Column B |
| | calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the | Debtor's | Spouse's |
| | six-month total by six, and enter the result on the appropriate line. | Income | Income |
| 3 | Gross wages, salary, tips, bonuses, overtime, commissions. | \$ 0.00 | \$ |
| | Income from the operation of a business, profession or farm. Subtract Line b from Line a and | | |
| | enter the difference in the appropriate column(s) of Line 4. If you operate more than one | | |
| | business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on | | |
| 4 | Line b as a deduction in Part V. | | |
| | Debtor Spouse | | |
| | a. Gross receipts \$ 0.00 \$ | | |
| | b. Ordinary and necessary business expenses \$ 0.00 \$ | \$ 0.00 | ¢. |
| | c. Business income Subtract Line b from Line a | \$ 0.00 | \$ |
| | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any | | |
| | part of the operating expenses entered on Line b as a deduction in Part V. | | |
| 5 | Debtor Spouse | | |
| | a. Gross receipts \$ 0.00 \$ | | |
| | b. Ordinary and necessary operating expenses \$ 0.00 \$ c. Rent and other real property income Subtract Line b from Line a | \$ 0.00 | \$ |
| 6 | Interest, dividends, and royalties. | \$ 0.00 | |
| 7 | Pension and retirement income. | \$ 0.00 | |
| | | \$ 0.00 | 3 |
| | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that | | |
| 8 | purpose. Do not include alimony or separate maintenance payments or amounts paid by your | | |
| | spouse if Column B is completed. Each regular payment should be reported in only one column; | \$ 1,850.00 | ¢ |
| | if a payment is listed in Column A, do not report that payment in Column B. | φ 1,030.00 | Φ |
| | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a | | |
| 9 | benefit under the Social Security Act, do not list the amount of such compensation in Column A | | |
| 9 | or B, but instead state the amount in the space below: | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ | | |
| | a desired and some sound state of the sound state o | \$ 676.00 | \$ |
| | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your | | |
| | spouse if Column B is completed, but include all other payments of alimony or separate | | |
| | | | |
| received as a victim of a war crime, crime against humanity, or as a victim of international or | | | |
| | domestic terrorism. Debtor Spouse | | |
| | a. \$ \$ | | |
| | b. \$ \$ | | |
| | Total and enter on Line 10 | \$ 0.00 | \$ |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if | | |
| 11 | Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). | \$ 2,526.00 | \$ |

| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. | \$ | | 2,526.00 | |
|----|---|-------------------|----|-----------|--|
| | Part III. APPLICATION OF § 707(b)(7) EXCLUSION | I | | | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result. | number 12 and | \$ | 30,312.00 | |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | |
| | a. Enter debtor's state of residence: VA b. Enter debtor's household size: | 1 | \$ | 52,576.00 | |
| | Application of Section 707(b)(7). Check the applicable box and proceed as directed. | | • | | |
| 15 | | | | | |
| | top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. | | | | |
| 1 | ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of | f this statement. | | | |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| | Complete Parts IV, | V, VI, and VII (| of this | statement only if requ | iired. (See Line 1: | 5.) |
|---|---|--|-----------|---|----------------------------|-------------|
| | Part IV. CALCULA | ATION OF CUR | RREN | MONTHLY INCOM | ME FOR § 707(b) (2) | 2) |
| 16 | Enter the amount from Line 12. | | | | | \$ |
| Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | | | | | | |
| | a. b. c. d. Total and enter on Line 17 | | | \$ \$ \$ \$ | | \$ |
| 18 | Current monthly income for § 70 | 7(b)(2). Subtract Lin | ne 17 fro | m Line 16 and enter the resu | ılt. | \$ |
| | | | | EDUCTIONS FROM s of the Internal Revenu | | |
| National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | \$ | | | |
| 19B | National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as eventuions on your federal income tax return, plus the number of any additional dependents whom | | | | | |
| | | Persons under 65 years of age Persons 65 years of age or older | | | | |
| | a1. Allowance per personb1. Number of persons | | a2. | Allowance per person Number of persons | | |
| | c1. Subtotal | | c2. | Subtotal | | \$ |
| Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of | | | | | | |
| | any additional dependents whom ye | ou support. | | | | \$ |

| 20B | Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense | ty and family size (this information is ourt) (the applicable family size consists of deral income tax return, plus the number of al of the Average Monthly Payments for any | \$ |
|-----|--|---|----|
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | |
| 22B | Local Standards: transportation; additional public transportation expenses. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | |
| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 | | |
| 24 | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 5, as stated in Line 42 \$ \$ \text{ Average Monthly Payment for any debts secured by Vehicle 5} } | | |
| 25 | C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Subtract Li | | |

| 26 | Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta | \$ | |
|----|---|---|----|
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. | | |
| 28 | Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in I | ncy, such as spousal or child support payments. Do not | \$ |
| 29 | | or for a physically or mentally challenged child. Enter and for education that is a condition of employment and for allenged dependent child for whom no public education | \$ |
| 30 | Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre- | | \$ |
| 31 | Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving | yourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not | \$ |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you | | |
| 33 | Total Expenses Allowed under IRS Standards. Enter | the total of Lines 19 through 32. | \$ |
| | Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonab dependents. | | |
| 34 | a. Health Insurance | \$ | |
| | b. Disability Insurance | \$ | |
| | c. Health Savings Account | \$ | \$ |
| | Total and enter on Line 34. If you do not actually expend this total amount, state y below: \$ | your actual total average monthly expenditures in the space | |
| 35 | Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. | \$ | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary | | |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | \$ |
|----|--|--|----------------------------|-------------------|----|
| 40 | | Enter the amount that you will conting rganization as defined in 26 U.S.C. § | | e form of cash or | \$ |
| 41 | Total Additional Expense Deduction | ns under § 707(b). Enter the total of I | Lines 34 through 40 | | \$ |
| | S | Subpart C: Deductions for De | bt Payment | | |
| 42 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. | | | | |
| | Name of Creditor | Property Securing the Debt | Average Monthly Payment | | |
| | a. | | \$ | □yes □no | |
| | | | Total: Add Lines | | \$ |
| 43 | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor | | | | |
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do | | | | \$ |
| | Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. | | | | |
| 45 | issued by the Executive Offic information is available at wy the bankruptcy court.) | sapter 13 plan payment. strict as determined under schedules e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk of ive expense of chapter 13 case | x Total: Multiply Lin | es a and b | \$ |
| 46 | Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. | | | \$ | |
| | S | ubpart D: Total Deductions f | rom Income | | |
| 47 | Total of all deductions allowed under | er § 707(b)(2). Enter the total of Lines | 33, 41, and 46. | | \$ |
| | | ETERMINATION OF § 707(I | | TION | |
| 48 | Enter the amount from Line 18 (Cu | rrent monthly income for § 707(b)(2 |)) | | \$ |
| 49 | Enter the amount from Line 47 (Tot | tal of all deductions allowed under § | 707(b)(2)) | | \$ |
| 50 | Monthly disposable income under § | 707(b)(2). Subtract Line 49 from Line | e 48 and enter the resu | ılt. | \$ |
| 51 | 60-month disposable income under result. | § 707(b)(2). Multiply the amount in Li | ine 50 by the number | 60 and enter the | \$ |

| | Initial presumption determination. Check the applicable box and proceed as directed. | | | |
|----|---|-------------------------|--|--|
| 52 | ☐ The amount on Line 51 is less than \$7,475* . Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. | | | |
| 32 | ☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind | | | |
| | ☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Li | ines 53 through 55). | | |
| 53 | Enter the amount of your total non-priority unsecured debt | \$ | | |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. | \$ | | |
| | Secondary presumption determination. Check the applicable box and proceed as directed. | | | |
| 55 | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII. | e" at the top of page 1 | | |
| | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | on arises" at the top | | |
| | Part VII. ADDITIONAL EXPENSE CLAIMS | | | |
| 56 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. | | | |
| | Expense Description Monthly Amoun | nt | | |
| | a. \$ | _ | | |
| | b. | _ | | |
| | d. \$ | | | |
| | Total: Add Lines a, b, c, and d \$ | | | |
| | Part VIII. VERIFICATION | | | |
| | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint | t case, both debtors | | |
| 57 | must sign.) Date: August 19, 2014 Signature: /s/ Theresa Henderson Bro | own | | |
| 3, | Theresa Henderson Brown (Debtor) | | | |
| | | | | |

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2014 to 06/30/2014.

Line 8 - Contributions to household expenses of the debtor or dependents

Source of Income: Husband's payment of mortgage

Constant income of \$1,850.00 per month.

Line 9 - Unemployment compensation (included in CMI)

Source of Income: **Unemployment**

Year-to-Date Income:

Total Year-to-Date Income: **\$4,056.00** from check dated **6/30/2014**

Average Monthly Income: **\$676.00**.